STATE OF ARIZONA HISTORIC PROPERTY TAX RECLASSIFICATION RENEWAL APPLICATION FOR RESIDENTIAL, OWNER-OCCUPIED PROPERTIES

Submit the completed form and photos to your <u>County Assessor</u>. You will receive a copy after the application has been processed. Please call (602) 542-5tate Parks 4009 if you have any questions. Please type or print clearly.

ASSE	ASSESSOR USE ONLY					
BOOK	MAP	PARCEL				
Items 2, 3, & 4 have have not been verified by the County Assessor.						
By:						
Date:						

1.	Address of the property:	Street:			City:
		County:		Zip Code	:
2.	Legal Description and/or A	Assessor's Parcel ID #:			
3.		pied Residential <i>ncome producing</i> use. E	Explain:		
4.	Name of Owner on Tax Rol	11:		Phone:	: ()
	Mailing Address:				
	City:	State:		Zip C	ode:
5.	Property is listed on the Na Within the following neig Individually and has the	ghborhood or historic d	district (if known):		
6.	Date of Original Construction	ion:	☐ Origin	nal Site	☐ Moved.
7. 8.	Describe any exterior change Enclose two photographs cl				·
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